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Gender and Disability: A Review of Available Literature

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Abstract
Gender and disability are aspects that are situated in a cultural matrix not divorced from socio- economic and historical contexts. From these contexts, people with disabilities' capabilities are either expanded or limited as power dynamics come into play. This paper argues that while men and women experience disability, the experience of disability is heightened by gender. While it is easy for a disabled man to be tolerated and to be married the situation is different for disabled women and girls who are seen as a drain on already stretched resources. The paper notes that specific research focusing on experiences of disability in higher education is very limited. It is even worse when specific gendered analysis of disabilities is of concern. In an attempt to fit into that research gap, this paper focus on how the existing literature has treated the gender dimension of disability. The conceptual paper is guided by the capabilities theory. This theory or approach is a broad normative framework for the evaluation of individual well-being and social arrangements, the design of policies and proposals about social change in society. Its argument is based on two claims: the freedom to achieve well-being is of primary moral importance; and that freedom to achieve well-being is to be understood in terms of people's real opportunities to do and be what they have reason to value. Policies must enable people to convert resources into functionings.
Key words: disabilities, gender, functionings, men, women, capabilities approach, policies

1. Orientation and Statement of the Problem

The experience of disability is situated and better understood in their socio-cultural contexts. It is impossible to disentangle the lived experiences of disability from the context of disabling societies. The experiences of PWDs demonstrate a complex connection of the disabling barriers and enabling strategies even in present day societies (Priestly, 2001). Due to the dynamic nature of disability perceptions, views about disability have never been constant. They change as and when peoples' circumstances changed. Unfortunately Munyi (2012) observed that there is very limited literature on the history of disability.

The ancient Greek philosopher Plato argued that if an individual had an incurable disease or is physically injured or impaired they were not supposed to be given medical treatment but be allowed to die in a process of passive euthanasia or exposure (Keifer, 2014). The Spartan community policies demanded that sickly and deformed children be done away with through infanticide (Fooley, 1983).

Over the years disability has been viewed with superstition, fear and rejection as it was associated with evil and witchcraft (Barnes 1991). Concurring with Barnes' (1991) view. Haffter (1991) adds the point that deformed and disabled children were viewed as changelings, the devil's substitutes for human children. Atshan (1997:52) and Fahd et al (1997). bring to the fore the notion that disability is synonymous with shame. The occurrence of disability in a family marred honour and reputation of the entire unit, so disabled people have been marginalised and shunned socially to the point of invisibility (Atshan 1997:53). The treatment of PWDs is closely linked to their experiences in social settings which either renders PWDs capabilities visible or invisible. In some communities PWDs were completely rejected as they were considered as outcasts (Munyi: 2012). The stigma of disability was felt in the whole family unit. Disability in the family could mean guilt of association, the mere relationship with a disabled person could damage marriage prospects (Atshan 1997:53).

The 16th century Christian leader, Martin Luther (1463 – 1546) claimed that he saw a devil in a profoundly disabled child. If these children lived he recommended that they be killed (Barnes, 1991). In Shakespearean literature and in joke and art books PWD were either classified or portrayed in distorted and negative views (Barnes, 1997). Amoako (1977) in Munyi (2012) noted that among the Chagga of East Africa the physically challenged were perceived as pacifiers of evil spirits and in Benin children born with disabilities were perceived as protected by supernatural forces to bring good luck to the nation (Wright, 1960 in Munyi, 2012).

In Nigeria among the Ibo the treatment of persons with disabilities varied from pampering to total rejection (Munyi, 2012). In Central Ghana the Ashanti killed children born with disabilities at birth. This was similar to what used to happen in traditional Zimbabwean society when twins or children born with any form of disability were killed at birth. This was mainly because disability was generally taken as a curse from the gods / ancestors which brought shame upon the family. Thus, children with disabilities are rejected by their families resulting in them having little chances of enjoying their rights. Among the Shona in Zimbabwe marital relationships would turn sour if a woman gives birth to a child with a disability, in some cases it was taken as a good cause for divorce.

The Ashanti also destooled a chief who developed any form of disability or was attacked by leprosy (Rottray, 1997 in Munyi, 2012). The Ashanti would just leave severely retarded children abandoned on river banks or near the sea. Nonetheless, among the Ga in Ghana children with disability were viewed as the reincanation the deity so they were treated with kindness, patience and gentleness (Munyi, 2012). In Palestine negative perceptions of physical disability were altered during the Intifada of 1987. Young men who got physical disabilities were viewed as heroes of active resistance of Palestine by Israel army. Disability became a badge of honour (Atshan 1997). Because mainly young men go to war, it was men who enjoyed the heroic nature of disability.

The experiences of disability are profoundly affected and determined by gender (Abu Habbib 1997). Gender operates as a cross cutting ideology which determines power relations in the form of social hierarchies of attitudes which affect access and control of resources and the ultimate being of individuals.

While it is easy for a disabled man to be tolerated and to be married the situation is different for disabled girls who are seen as a drain on already stretched resources. It is common for disabled women to be hidden without any visitor beyond the immediate family (Atshan 1997:54). In recent decades the perception and experiences of disability have been changing, but Munyi (2012) observed that despite the changing nature of the treatment of PWDs there are remnants of tradition and past beliefs which influence present day practice and treatment and experiences of PWDs. These remnants fuel and contribute greatly to social rejection, discriminatory practices and other inaccessible barriers which make the life experiences of people with disabilities very challenging. The baseline fact is that these beliefs, practices and perceptions limit PWDs freedoms to achieve certain functioning thereby limiting their capabilities.

The few gendered studies of disability that are in existence reveal that younger disabled girls /women achieve lower educational outcomes than men (Choruma, 2007). Observations from research also indicate that women and girls with disabilities fare less well in the educational arena than either disabled male or non-disabled female counterparts (Meekosha, 2004; Rousso, 1997). The world Blind Union estimates the literacy rate for disabled women as 1% compared to an estimate of about 3% for people with disabilities as a whole (Groce, 1997 in Rousso). In terms of school enrolment UNESCO suggests that only 2% of disabled children are in schools with disabled girls even more underserved .A SINTEF (2003) study established that 28 % of children with disabilities never attend school, in comparison with 10% of non-disabled children.34% of females with disabilities and 22% males with disability never attend school compared to 12% of non-disabled females and 8% non-disabled males (Choruma, 2007).

These statistics show that the situation of disabled women is more pathetic than that of disabled males and non-disabled females and males. Women with disabilities remain disadvantaged in society, presenting alarming rates of illiteracy, economic dependency and social exclusion (Mpofu, 1999). In reaction to these realities on the ground policies are formulated in an attempt to improve the lives of disadvantaged people mainly by improving what people are able to be or to do. From a global perspective Rousso (2008) would ask "In light of the international commitment to education for all (EFA), how are girls with disabilities faring?" In the wake of various attempts in the form of affirmative policies and legislation that promote equity and equality in all spheres of development how are girls with disabilities faring in Zimbabwean educational institutions? In Zimbabwe it can be noted that there is some kind of equity in education for children with disability at primary level. However the scenario changes at secondary school level where enrolment of students with disabilities decreases making it even worse for students with disabilities to enrol at institutions of higher learning (Mpofu,1999).

The above mentioned policies and legislation do not openly discriminate against people with disabilities yet women with disabilities are likely to report less education than both non-disabled women and men with disabilities. The Zimbabwe Education Act for example states that every Zimbabwean has the right to education despite race, age, ethnically and disability. Despite the existence of the act and its provisions many children with disabilities, especially girls with disabilities do not get equal access to education (Mpofu, 1999).

It is sad to note that girls with disability are not faring well in education (Rousso, 2004). Despite the small numbers of girls with disabilities in institutions of higher learning their experiences have been ignored by feminist and disability movements. Same sentiments were also highlighted by Coleridge (2001:8) who reinforced that neither the women's movement nor the disability movement has addressed women with disabilities issues in various disciplines with education as one of them. Abu Habib (1997) also noted that there is abundant research that has been done on disability. Unfortunately there is little research done in relation to specific issues affecting women with disabilities. Morris (1998) observed that very few isolated studies have been done on disabled women's lives and it appears in very few separate books and articles where the focus in a majority of cases is on how women with disability encounter double discrimination.

Coleridge (2001) carried a study on disability and development. In the process of data collection he realised that there was a preponderance of men over women which was an indication of male dominance among disabled people as well. He even regretted the idea of involving fewer women as participants in the study

(Coleridge 2001:7). In disability studies in general there is very limited literature on disabled girls (Morris 1988: 5; UNESCO 2001). When research on disabled girls in education is done the scope is very limited and it fails to identify the impact of gender and disability (Rouso 1997, Abu Habbib 1997, Morris 1998:6). There is a general failure to include the interests of disabled women in research and analysis of social policy. That on its own has the potential of undermining disabled women's human and civil rights. Barnartt, Schrirer and Scotch (2001:445) reiterate that there is limited research on disability, what exists is only what they gave as a modest body of empirical research beyond a number of anecdotal case studies. They argue that in social science disciplines such as political science, sociology and history in general the politics of disability in particular is rarely mentioned (Barnartt, et al, 2001:445). Further observations show that disability is largely neglected in research compendia professional journals and curricula in liberal arts and specialised courses (Barnartt, et al, 2001:445). Stiensha (2015) also noted the dearth of literature that addresses the gendered nature of children's experiences of disability in the global south.

In the study on boys and girls with disabilities in the Global South, Stienstra (2015:635) argued that the experience of girls with disabilities can only be made visible if research employs a gendered analysis of children with disabilities experiences. There is limited research on issues relating to gender and disability which points to an existing research gap. There is a current imperative on disability researchers to include the gendered nature of disability in every subfield within the overall study of government, education, and politics among other fields (Barnartt, 2001: 445).

In as much as international, regional and local policies and legislation promote educational equity and equality, access to education for girls with disability generally decreases as we go up the academic ladder. In that context, specific research focusing on experiences of disability in higher education is very limited, or almost non-existent. It is even worse when specific gendered analysis of disabilities is of concern. In an attempt to fit into that research gap, this paper focuses on the treatment of the gender dimension of existing literature on disability.

2. Theoretical Framework

The Capability Approach (CA) has been adopted as the theoretical lenses to guide and direct the course of this paper. CA is a broad normative framework for the evaluation of individual well-being and social arrangements, the design of policies and proposals about social change in society (Robeyns, 2004:4). Well-being according to Sen (1980) is not a question of wealth or pleasure that a person has but it relates more on how people manage to live their lives and the ability they have to do certain things that are important to them (Encyclopedia, 2011). This approach has grown to be popular in development thinking, welfare economies, social policy and political philosophy (Robeyns, 2003:4). The capability approach is a theoretical framework, whose argument is based on two claims: firstly that the freedom to achieve well-being is of primary moral importance, and second, that freedom to achieve well-being is to be understood in terms of people's capabilities, that is, their real opportunities to do and be what they have reason to value (Sen, 1980). Policies as they are explained in the CA must enable people to convert goods (resources) into functionings (beings and doings). In institutions of higher learning there are a number of goods like teachers, libraries technology and sporting facilities which are availed to students so that their general well-being /capabilities can be transformed. Of importance in the CA is what people are effectively able to do or to be. It does not put value on utility, the fulfilment of basic needs or increased income as marks of development.

The main focus of the approach is on what people are able to do or to be on the quality of life and on removing obstacles in their lives so that they have more freedom to live the kind of life which upon reflection they have reason to value (Robyns, 2003:6). Peoples' well-being must be defined in terms of peoples' capabilities to function. Capabilities are a person's real freedom or opportunities to achieve functioning (Sanford Encyclopedia of Philosophy, 2011). It is the beings and doings (achieved functionings) which constitute what makes life valuable. Capabilities are freedoms to lead the kind of lives that individuals want to lead, do what they want to do and be the person they want to be (Robeyns, 2003:7). Examples of beings include well nourished, being educated, being part of a supportive social network or being depressed. Doings refer to present active conditional an individual for example travelling, caring for a child, taking drugs, studying for a degree (Sanford Encyclopedia of Philosophy, 2011).

The CA evaluates policies according to their impact on peoples' capabilities. Morris (1998:6) gives an example of how the British Disabled People's Movement has campaigned for cash payments to help disabled people do away with dependency syndrome and enable them to have control over their lives, get a job and make other choices in life forgetting that disabled women have caring roles in the private family life which they can value over and above the cash payments campaigned for. For female students with disabilities in universities the CA can ask if there are special provisions for sexuality education, protection against gender based violence and availability of other resources to enhance females with disabilities beings and doings. Some capabilities are linked to financial resources, political practices, social or cultural practices, public goods and social norms

(Robeyns, 2003).

For individuals to realize certain functionings, goods and services (commodities) interact with conversion factors. Commodities are goods and services that are of interest to people. In universities the librarian, lectures and textbooks are commodities that are of interest to all students in the institution. Converting a commodity into a functioning brings into play conversion factors (Chikunda, 2012; Robeyns, 2005; Sen. 1980). Sen (1993) identifies three conversion factors. Personal conversion factors are internal to a person (Sanford Encyclopaedia of Philosophy, 2011) and can include physical condition, sex, reading skills or intelligence (Robeyns 2003,12;, Sanford Encyclopedia of Philosophy 2011). If a student has a visual impairment either male or female and the university has no special technology to enable such students to get access to library material, the library and the librarian will be of no help in improving visually impaired students' grades in their studies. Social conversion factors include public policies, social norms, discriminatory practices, gender roles power relations and environmental factors like climate and infrastructure (Robeyns, 2003:7). Arguing for the role of social conversion factors and how they enable or hinder the realisation of functioning she reiterates that there is need to know more about the person and the circumstances in which an individual is living.

The CA acknowledges human diversity which greatly contributes to variations in the conversion of commodities into functioning (Robeyns 2003:17). These variations are related to individuals' capabilities as they manifest in relation to socio-environmental conversion factors (Robeyns 2003:17). These differences can be individual or structural differences in society which are related to gender, class, race, caste. Imagine men and women with and without disabilities in universities who received a science degree. They all want to use the degree to get a good job, increase self-esteem, develop interesting social contacts. Unfortunately it will be more difficult for women in general if gender discrimination is rampant in the labour market which will be worse for disabled women. Group dependent constraints like prejudices, social norms, habits, traditions, can affect the conversion of the characteristics of commodities into functionings (Robyns, 2003:18).

The CA asks a different set of questions for females with disabilities. Instead of focussing on resources and means the CA is concerned with what people are actually able to do and to be. In their circumstances what kind of life are they able to live and do they have ability to realise their valued goals (Rendal, 2009). Policy parameters act as measures given to enhance people's ability to be or to do what they choose to be according to their values. If these questions are clearly answered the next step would be the identification and investigation of the obstacles hampering their ability to function at appropriate levels. Here, well-being, equality and social justice must focus on objects of values not necessarily the growth in numbers in national or personal income. Well-being for females with visual impairments must be measured in terms of the expanded capability set of an individual (Sen, 1980). This assessment of capability sets for females with disabilities is done in the clear understanding that disability as the outcome of oppressive relationships between people with impairments and the rest of society (Finkelston, 1980).

The social model of disability argues that people with impairments are a disadvantaged group so increasing income for this group is not the best solution to their problems (Barchardt, 2004). Even if females with disabilities are provided with income, the extra costs that they incur due to their impairment point to lower standard of living when compared to non –disabled people. Impairment brings in a source of variation in the amount of resources needed to avoid poverty. Even if the income for disabled people is increased to relatively sufficient levels for their needs it fails to address their beings and doings especially when it is linked to the systematic exclusion of disabled people from society even by policy. Challenges of visually impaired females are intensified by gender (Abu- Habib, 1987). Cultural biases based on gender and disability make the opportunities of girls and women with disability to be very limited. These biases create images that have real consequences in terms of education and general relationships with people with disabilities (Rendal, 2009). An example can be given in universities when non-disabled female students ostracise females with disability in line with the myth that blindness is caused by some curse from the gods there by brewing negative attitudes from their non-disabled peers. At the end of the day the females with visual impairment stay in isolation and loneliness. In that state the females may be subjected to inefficient distribution of resources for schooling which can result in inadequate functionings as in being left out in classroom activities or being discriminated against which ultimately results in a failure of capabilities (Unterhalter, 2003).This may also need interference from policy while taking into considerations the realities that females with disability face due to cultural and organisational constraints.

From a CA perspective impairment is one factor among many differences that interact together with social, economic and physical environment to produce a list of advantages and disadvantages for individuals (Reindal, 2009). From a disability perspective the normal /abnormal binary is strongly interwoven into existing power and privilege (Mohamed and Shefer, 2015). Within the CA disability is therefore a subset of capability poverty which brings different realities on people (Burchardt, 2004). The state of being disabled brings in a number of cultural, environmental and religious mechanisms that restrict or hinder the individual's pursuit of vital goals and achievement in life. Females with visual impairment just like all women with disabilities face

restrictions by the fact that they have disability and policy parameters in institutions of higher learning, as indicated above are not specific on issues pertaining to them. Nkomo (2014) observed that there are some environmental /infrastructural factors that hinder women with disabilities access to various resources. At times they are deprived of their access to health, buildings, public transport and access to information. To add to that the Disabled Person's Act in Zimbabwe does not have adequate provisions to compel building owners to ensure that their buildings have facilities that can allow access people with disability (Nkomo, 2014). Other background issues as stated by Unterhalter, (2003) include for example insufficient distribution of resources for schooling for example a teacher's inability to make use of ender equitable ways during lesson times can result in inadequate achievement of functionings. Specialised learning materials may be ignored at institutional level right down to classroom activities. This reduces women with disabilities opportunities which can result in the perpetuation of existing inequalities and disadvantages.

From the CA all this is pointing to the importance of capabilities as objects of value. To achieve the set capabilities the person with disability must possess personal ability, resources, practical means and the required knowledge to achieve the combinations of functionings, well-being in relation to the individuals capability set (Burchardt, 2004). This refers to individual agency to transform resources into functionings. Using the social model of disability impairment is an important source of variation in the amount of resources needed for an individual to avoid poverty. Understanding the experiences of females with disabilities must take into consideration their contexts and existing institutional dynamics of power. In most cases the disadvantages experienced by people with disabilities is best understood in terms of limitations of capabilities due to the impairment itself as well as the social and the political environment. Policy must cater for people with disability paying special attention to organisational power dynamics that have a bearing on the context in which people with disability operate in**.**

3. Defining Disability

Disability is a complex phenomenon covering a number of diverse conditions which include activity impairment, limitation and participation restrictions. From the diverse occurrence of disability observations are that there is no universally accepted definition for disability (Palme and Harley, 2012). The Merriam Webster Dictionary (2012) defines disability as a condition of being unable to do things in the normal way. Focusing its definition on comparative ways of doing things, the Disability World (2012) gives disability as a condition or function, judged to be significantly impaired relative to the usual standard of an individual or group. Arguing from a Capabilities Approach perspective Mitra (2006:241) analyses disability as a derivation of capabilities or as a deprivation of functions. Her definition focuses more on impairment which she defines as physiological, mental or anatomical loss. It is from these impairments that deprivation manifests as the individual interacts with the resources available and the environment (Mitra, 2006:241). If all these definitions are brought together disability can be given as a phenomenon which develops from bodily impairment(s) which if not properly provided for can lead to limitations in an individual's social interactions. Disability becomes more conspicuous when comparisons are made with non-impaired individuals.

4. Models of Disability

The **Medical Model of disability** defines disability as a condition caused by physical impairments resulting from disease, injury or health condition which leads to the loss of bodily and social functioning (Palmer and Harley, 2012:358; Bakhshi and Trani 2014). To help people With Disabilities (PWD) interventions are primarily linked to medical treatment and rehabilitation (Palmer and Harley, 2012; Mitra, 2006:237).

The **Social Model of disability** generally defines disability as a social construct (Mitra 2006:237). The model focuses on how the society puts in place services to accommodate PWD (s) so that they can function without hassles in the society. Oliver (1996) argues that it is society which disables physically impaired people. He further adds that disability is a further imposition on top of people's impairments and it manifests in the way people are unnecessarily isolated and excluded from full participation in society (Oliver, 1996:22). Adopting a Marxist view in explaining disability Mitra (2006:237) argues that PWDs are discriminated and segregated through sensory, attitudinal cognitive physical and economic barriers, such experiences are perceived as similar to those of an oppressed minority group. In the same line of thinking the British Council of Disabled People argues that disability is the disadvantage or restriction of activity caused by society which leads to their exclusion from mainstream activity (Morris 1998:2). Like racism or sexism disability is discrimination and social oppression.

The social model of disability demedicalises and deindividualises disability. Arguing against this model, Palmer and Harley (2012), criticize the social model of disability for its failure to address issues of impairment which is given as a contributing factor to the limited development of disability specific policy and secondly the limited robust research into living standards of PWD. They posit that by concentrating on societal factors this model of disability contributed to the little attention being given to the role of impairment in PWD's

experiences.

The criticism given above led to the development of the **Social Relational Model of Disability** which sees disability as a result of societal attitudes added to the effect of impairment (Palmer and Harley, 2012). This model places importance on reducing societal barriers for people with impairments.

The most current model is the **International Classification of Functioning Disability and Health (ICF)** which was developed by World Health Organisation (WHO) in the 1980s as an integration of the medical and social models of disability (Mitra 2006:238). This was done in an attempt to come up with a coherent view of disability (WHO 2001:20). The ICF model articulates disability as a health condition that leads to various impairments. The impairments then lead to activity limitations and participation restrictions in certain social contexts (Mitra, 2006:237).

The ICF refers to individual functioning including physical impairment, sensory impairment, cognitive and intellectual impairment and various types of chronic disease (Disability World 2015). It identifies three dimensions of disability that is, body, structure and function which refers to activity and participation. It also considers physical and social/environmental factors in affecting disability outcomes (Disability World, 2015). This definition of disability links well with the theoretical framework guiding this study.

5. Historical Background of Women with Disabilities on the Development Agenda

The ultimate recognition of women with disabilities on the development agenda came through a very long and winding way. The first world conference on women which was held in Mexico in 1975 made no mention of women with disabilities (UN Enable, 2014). The second world conference on women held in Copenhagen in 1980 mentioned women with disabilities but without much detail. The International Year of Disabled Persons came in 1981,in the same year the Disability People's International (DPI) was founded (Manyatera and Mandipa, 2014).. At this platform disabled women had a platform for 1international recognition (UN Enable, 2014). The third world conference on women held in Nairobi in 1985 succumbed to pressure from DPI activists especially Ruth Begun which saw the inclusion of two paragraphs on Women With Disabilities in the Nairobi Forward Looking Strategies for the Advancement of Women. On the other hand the Commission on the Status of Women, a subsidiary of the United Nations Economic and Social Council had been established in the 1950's to address women's concerns at intergovernmental level but it had never dealt with issues pertaining to women with disabilities (UN Enable, 2014). In 1987 Disabled Persons International established its Women's Committee chaired by Anneli Jackson of Sweden, this saw an increased inclusion of issues on women with disabilities in meetings organized by the Division for the Advancement of Women of the United Nations Secretariat and all annual sessions of the Commission on the Status of Women. For the first time the United Nations organized a technical meeting on women with disabilities on 20-24 August 1990 at Vienna. This saw the inclusion of women with disabilities stand point on the table (UN Enable 2014).

Another outcome of the 1981 International Year of Disabled Persons was the adoption of the World Plan of Action concerning Disabled Persons by the General Assembly resolution 37/52 of December 1982 (UN Enable, 2014). The emphasis was on the fact that the rights of persons with disabilities were the same as those of the general society. The programme failed to distinguish between women and men with disabilities, with the majority of the delegates being men the document was biased in favour of men (UN Enable, 2014). The U.N declared 1983-1992 a Decade for Disabled Persons. In 1987 the General Assembly recommended that a special conference be held on the elimination of all forms of discrimination against persons with disabilities to be ratified by states by end of decade. Unfortunately in the recommendations there was no reference to gender issues (UN Enable, 2014). The United Nations Economic and Social Council agreed on standard rules on equalization of opportunities of persons with disabilities as an alternative to drafting a convention (UN Enable 2014). This was also biased in favour of men mainly because no disabled woman attended the meeting.

The Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) adopted in December 1979 and came into full force in 1981 initially had no mention of women with disabilities but later did so due to negotiations from DPI representatives. The Beijing Platform for Action (1995) contains over 300 passages on the advancement of women and all of them make specific mention of women with disability.

Zimbabwe has held four censuses since attaining independence in 1980. Unfortunately none of these censuses provided statistics on the prevalence of disability in the country (Manyatera and Mandipa, 2014:288). There are no official statistics on the total number and percentage of Women With Disabilities (WWD). On 23 September 2013 Zimbabwe ratified the CRPD and its Optional Protocol but it was after a long period of uncertainty on the nation's position on ratifying and domesticating the CRPD (Manyatera and Mandipa, 2014:290). In line with section 34 of the 2013 Zimbabwean Constitution the nation is expected to ensure that all international conventions, treaties and agreements be incorporated into domestic law (Manyatera and Mandipa, 2014:291).

The Constitution of Zimbabwe Section 22(i) puts emphasis on respect and dignity of PWD. Subsection

(2) focuses on government to address PWDs' disadvantages. Subsection (3) focuses on the general social well-being of PWDs (Government of Zimbabwe (GOZ) 2013:21). In section 83, the Constitution of Zimbabwe gives the following rights of people with disabilities:

(a) enable them to be self sufficient;
(b) enable them to live with their families and participate in social, creative and recreational activities;
(c) protect them from all forms of victimisation and abuse;
(d) to give them access to medical, psychological and functional treatment;
(e) provide special facilities for their treatment where they need it (GOZ 2013:39).

In Zimbabwe the Disabled Persons Act (Chapter 17:01) is the primary law that addresses disability issues (Manyatera and Mandipa, 2014:292). From this Act the National Disability Board was established. The Act also creates the Office of Director for Disabled Persons' Affairs to ensure the implementation and measures developed by the National Disability Board (Manyatera and Mandipa, 2014:293). The Act criminalises any person who denies PWDs admission into premises which are open for admission to any member of the public. Other laws that protect the rights of PWD include The Mental Health Act (Chapter 15:12), The State Services (Disability Benefits Act), Chapter 16:05), The Social Welfare Assistance Act (Chapter 17:06), The Criminal Law (Codification and Reform) Act (Chapter 9:23) which criminalises sexual conduct with a mentally incompetent person and the Criminal Procedure and Evidence Act (Chapter 9:07) (Manyatera and Mandipa, 2014:294).

As of 2014 the nation of Zimbabwe had not formulated meaningful policies that directly address disability (Manyatera and Mandipa, 2004:295). In the absence of policies on disability in the nation it is the Civil Society which intervenes by carrying out programmes that target PWD(s). A good example can be cited when the National Disability Board established a Disability fund in 2003. It also lobbied for the successful inclusion of children with disabilities in the Basic Education Assistance Module (BEAM) (Manyatera and Mandipa 2014:296). Through the work of the civil society the first national mental health policy was launched in 2004 and the office of the Special Advisor on Disability and Rehabilitation to the President and Cabinet was established in 2007 (Manyatera and Mandipa. 2014). This office introduced the National Disability Expo which was launched in 2013 which among its various mandates helps in raising awareness on the rights of PWDs.

NASCOH is the umbrella organization on disabilities in Zimbabwe. Under it are organisations like the Council for the Blind, Zimbabwe Disabled Women's Support Organisation, The Jairos Jiri Association, Margareta Hugo School and Workshops for the blind which is a vocational and educational centre for persons with visual impairment in Zimbabwe, Midlands State University Legal Aid Clinic which specializes in strategic litigation on behalf of persons with disabilities, National Association in the Care of the handicapped (NASCOH) Zimbabwe Association of the Visually Handicapped which advocates for the rights of persons with visual impairments in Zimbabwe, Zimbabwe National League for the Blind (Manyatera and Mandipa, 2014:299).

Zimbabwean government departments that deal with issues of disability include The Social Welfare department and the National Disability Board (Manyatera and Mandipa 2014:301). These two departments are government departments which are on reputation for being underfunded. The Social Welfare Disability grant of US$17.00 a month is too small and insignificant if we consider that in Zimbabwe a loaf of bread is going for US$1.00. On the other hand the National Disability Board had no office since 1992 and limited financial resources have seen no meaningful activities of the board (Manyatera and Mandipa, 2014:301). A number of human rights issue are of concern for people with disabilities and they include negative social attitudes, access to information and accommodation, access to employment, access to health and access to education.

6. Some perspectives on gender and disability

Disability is a global issue (Priestly 2001:13). In the world today the estimate of the number of people living with disabilities goes to about 93 million (UNICEF 2000, WHO 2004, UN 2009). The general observation is that many children and adults with disabilities have been excluded from mainstream educational opportunities. In most countries education for people with disabilities has been realized through special schools. These schools have been criticised for only addressing the educational needs of a handful of children with disabilities. They are also expensive and they isolated learners with disabilities from their families and communities.

Most nations in the world include children and adults with disabilities in education because of the following reasons:

- education for people with disabilities is good in that it increases the well-being and advantages of (PWDs) thereby enabling them to do valuable acts or reach valuable states of being Sen 1993);
- to reduce the economic costs associated with the exclusion of PWD(s) from education (Filmer, 2008);
- for international expectations as articulated in the outdated MDG and the newly introduced USDG cannot be achieved if PWD(s) do not participate in education (UNESCO 209); and
- nations that are party to the CRRD cannot fulfil their mandate if PWD(s) are not enjoying their right to education.

Education is an agreed way of enhancing individual completeness in many nations of the world. Social

relations for PWD(s) change the moment they receive quality education (Nott, 1998). Allowing PWD(s) access to education also empowers non-disabled people in that it will increase their familiarity and reduce prejudice towards PWD(s). In general PWD(s) are less likely to start school and they have lower rates of school competition (World Bank 2009, Filmer 2008). In the World Health Survey of 2010 indications were that PWD(s) experience lower rates at primary school completion when compared to the non-disabled counterparts. Young PWD(s) are less likely to be in school than their non-disabled counterparts (Filmer 2008). The pattern is more conspicuous in developing and poor countries (UNESCO, 2009). In the World Health Survey, the 51 countries that participated in the survey show that 50.6% of males with disability have completed school compared with 61.3% males without disability females with disability report 41.7% primary school completion compared with 52.9% of females without disability. The enrolment also differs according to disability type. In Burkina Faso in 2006 only 10% of deaf 7-10 year olds were in schools, while 40% of children with physical impairment attended school. In Rwanda 300 of an estimated 10 000 deaf children are in primary and secondary schools (Karangwa and Kobusingye 2007). In India's major state of Karnataka almost a quarter of children with disabilities were out of school in 2006 and in Madhya Pradesh and Assam state almost half of the children with disabilities are out of school (World Bank, 2009). In Ethiopia only 0.3% of children with disabilities are in school. In Eastern European countries many children with disabilities do not attend school the enrolment rates for disabled children were 81% in Bulgaria, 58% in the Republic of Moldova and 59% in Romania while rates for children without disabilities were 96%, 97% and 93% respectively. Despite improvements, PWD(s) are less likely to start school or attend school when compared to their non-disabled counterparts.

The Human rights of all people to education was first in the United Nations Universal Declaration of Human Rights of 1948. The first Declaration on the Rights of Disabled Persons was made by the UN in 1975. This came as an outcome of UN efforts when 1981 was declared the International Year of the Disabled Person (Priestly 2001:5). In 1985 the Universal Declaration of Human Rights was specifically extended to include disabled people (Priestly 2001:5). An explicit statement against the discrimination against PWD(s) was found for the first time in the 1989 United Nations Convention on the Rights at the Child (CRC) (Boezart and Skelton 2011:113). The United Nations also declared 1983-1992 the decade for Disabled People whose slogan was "towards a society for all" and the international day for the disabled was put on December 3 each year (Priestly, 2001:5). In 1994 the World Conference on Special Needs Education in Salamanca, Spain led to the Salamanca Declaration which zeroed in on the policy of inclusion of children with disability into regular schools (UNESCE 1994). The Education For All goals also prioritized the education of children with disabilities (UNESCO: 2000a). The Rules on the Equalisation of Opportunities for Disabled People (UN 1993) focused also on the advocation of PWD(s) (Priestly 2001:6). The Convention on the Rights of Persons with Disabilities (CRPD) especially Article 24 stresses the need for governments to make provisions for inclusive education at all levels and put in place the relevant supporting structures (UNESCO 2000a, Boezart and Skelton 2011:115). Despite all these efforts Priestly (2001:6) observed that re is a patchy picture of progress towards the universalisation of opportunities for PWD(s).

From the global dictates on disability regions are expected to come up with guidelines on disability. The African Charter on the Rights and Welfare of the Child (ACRWC) which came to force on 29 November 1999 which was ratified by most African nations. The Charter upholds the notion of non-discrimination of children but it fails to mention disability as a ground on which a child can be discriminated against (Boezart and Skelton 2011:117). Zimbabwe signed the Charter on 19 January 1990 and deposited it on 22 February 1993. From the international attempts to address issues of disability there has been a growing national response on issues of disability even at national level. Various laws were introduced to address issues of disability in nation. Unfortunately Masemene (1992) in Priestly (2001:7) noted, legislation on disability issues in most countries was mainly for window dressing to protect majority interest. Despite the existence of these laws, cultural and organizational politics which are part and parcel of the deep structure of organization hindered progress in disability issues. Gaidzanwa (???) observed that cultural production in institutions helps in maintaining discriminatory power dynamics which also applies to issues of disability in institutions of higher learning. It is sad to note that the European Economic Community did not mention disability in its first twenty five years of operation. It was only in 1996 on the Day of the Disabled Persons when the EEC was exposed to pressure from disability organizations that in 1997 the Amsterdam Treaty openly declared disability rights (Priestly 2001:6).

In countries like USA, UK and part of mainland Europe there is existing, well documented and vast literature on PWD(s) and disability literature (Priestly 2001:7). A study done by Jayasooria and Ooi (1994) in Priestly (2001:7) analysed the development of disabled peoples' movements in Malaysia while Shah 91990) also in Priestly (2001:7) examined some of the issues for self help organizations in Pakistan. The main observations from these studies was that cultural attitudes and communication problems especially for rural communities contributed greatly to the challenges in mobilization.

In a study on inclusion policies in the Brazilian system of higher education. Oliven (2012) analysed policies on inclusion in the public and private sectors of higher education systems in Brazil. The main focus of

the study was not specifically on disability inclusion but a general inclusion of disadvantaged students from low income background and from less urbanized areas (Oliven 2012:1303). The focus on disabled students was not much and it was not disaggregated by gender.

In their study Obiozor, Onu and Ugwoegbu (2010) discussed the challenge and available services in institution of higher learning for individuals with disabilities. Their observations indicated that in African universities such facilities are yet to be effectively done. In a study on disabled students at universities in Africa UNESCO (1997) concurs with the above observations by Obiozor et al (2010). UNESCO (2010) brings to the fore the observation that a number of students enrol in African universities in the backdrop of non-existent or poor provisions for disabled students. Despite exceptions the majority of tertiary institutions are not prepared to accommodate disabled students. To a larger extent disabled students in universities represent a tiny minority of about 1%. Of this enrolment the average female students with disability to male students with disability is 20:70 (World Education Report 1995). In this study most of the universities had very limited numbers of PWD(s). The University of Malawi had a total enrollment of 3 500 students but only 2 students were living with disabilities whilst Zimbabwe National University of Science and Technology had only one and University of Zimbabwe had 36 out of 6 582 enrolled students (UNESCO 1997 Annex 2).

In India the enrolment of girls with disability at primary and secondary level is much less when compared to that of boys with disability. Quoting the Hindu of 16th August 2004 Sharma (2012) gives the information that only 1-2% of the 3.6 lakhs disable youth had access to education. The general observation is that India's higher educational institutions are not accessible to 98.8% of its disabled youths. Of all the universities in India 38 out of 119 universities had no disabled students (Sharma: 2012).

In Southern Africa the Open Society Initiative for Southern Africa (OSISA) carried out a research project on disability in 2010. This was done in partnership with Open Society Foundation Disability Rights Initiative (Kotze 2012). The research focused on a number of issues which included focus on the lives of people with Disabilities in Southern Africa, Disabled Peoples Organisations (DPOs) and also universities, law schools and disability rights (Kotze 2012). Observations from this study indicated real people living with disabilities are the most marginalized people in the region where life is already difficult due to severe poverty, lack of development and high unemployment. A number of challenges that PWD(s) focus in university set up were identified but generally women with disabilities were given as worse off. Their disadvantages were exacerbated by impunity associated with sexual violence of which WWD are prone to experience (Kotze, 2010).

Most studies done in Southern Africa focus on the interaction of PWD(s) with state policies, challenges in education and social policy (Coleridge, 2013). Zimbabwe has been greatly privileged in terms of advancement in disability issues. In the study done by OSISA (2012) it was observed only the University of Zimbabwe had a final draft and disability policy.

In 1999 The Nziramasanga Commission of Inquiry into education and training also discovered that there was need to improve experiences of PWDs in education (Nziramasanga 1999). Among other things the commission also identified possible ways of improving the experiences of PWD(s) in education (Nziramasanga 1999:193). In Zimbabwe the inclusion of students with disabilities has grown to be popular in recent years but has not been under spotlight. There is a general absence of research on personal experiences of disabled students in higher education in Zimbabwe (Chataika, 1996). The same author observed that research done normally presented a general view of disability as if the experiences of disability are homogenous. We cannot ignore the gendered experience of disability. In most organizations, Zimbabwean universities included, there is the general assumption that organizational processes and practices have all been permeated by male dominance (Acker 1990). If experiences of disability are homogenized, experiences of females with disability are to be overshadowed by the experiences of men. This is mainly attributed to the view that organizational discourse has been theorized according to men's behaviours, values, perspectives and ideology (Acker 1990). We cannot ignore feminist – Faoucauldian perspective that power relations in organizations produce both people and actions which contribute to reproducing patriarchal ideologies. This links well with the experiences of visually impaired female students in Zimbabwe universities. Besides them being a minority group research work has not done justice in tabulating and analyzing their experiences.

In Zimbabwe the Education for all Policy originated from a global commitment to provide equality to basic education for all children, youths and adults. The policy was launched at a World Conference on Education for All held at Jomtien Thailand. The conference was organised by UNESCO, UNDP and World Bank (Maravanyika, 1990). The main focus of EFA was equal access to primary education and the reduction of illiteracy (Chireshe, 2013). The Jomtien Declaration was reaffirmed at Dakar Senegal in 2000. Of the six goals mentioned at Dakar there is no mention of disability. To a larger extent most policy displays grave omissions on issues of disability which exposes people with disability to isolation and neglect by society. The Education Act can be described as discriminatory in terms of educational rights of people with disabilities because it fails to articulate the provision of education to persons with disability. The education of persons with disability in Zimbabwe is addressed by the Disability Act (Mandipa, 2014). These omissions are a clear indication of how

policy makers use various platforms to enact policies without contributions from people who are expected to benefit from the policy.

The Zimbabwe Inclusive Education Policy aims at bringing together and managing children with and without disability in the same classroom environment (Zindi, 2004). In line with EFA goals the idea of inclusion was a result of the 1994 Salamanca Conference from which the Salamanca Principles, and Practice on special needs education were adopted. Among other things the Salamanca Statement mandated governments to give the highest priority to making education systems inclusive, adapt the principles of inclusive education as a matter of law and policy and invest in the vocational aspects of inclusive education (Zindi, 2004) Zimbabwe as a signatory to this international law, is expected to go by the stipulations of Salamanca Statement (Chireshe, 2013). Using the inclusive education policy discrimination in schools was avoided as schools adopted the provisions of The Convention of the Rights of the Child, The Copenhagen Declaration on Social Development, The Salamanca Statement and Framework for Action and the Dakar Framework for Action (International Solidarity Foundation, 2011). All children are expected to enrol at schools nearest to them or schools of their choice without impediments being put on their way. In the wake of all these developments teachers in ordinary schools remained incapacitated to be able to work with pupils with special educational needs (Zindi, 2004). The challenge of inclusive education brings in the aspect of limited learning opportunities as children with disabilities appeared in educational arenas but not improving their capabilities (Marist International Solidarity Foundation, 2011).

6. Conclusion

The proposal for the CA could be an important evidence-based policy driver in gender and disability for it does not focus on numerical indicators of change in gender parity only but also considers the rich detail of lives and processes in educational settings that are key in expanding or limiting females with disabilities opportunity freedoms. Gendered experiences of disability are sparse especially in higher education. Although there is a long history of disability activism, disability studies in Southern Africa is an emerging field. There is also very little on gender and disability within Africa and the developing World. Although various articles have been published on the experiences of women with disabilities in violence research has been silent on the comparative experiences of women with disability in the larger community. Thus women with disabilities tend to internalise the limiting social stigmatising discourses. This paper thus concludes that research work has not done justice to issues pertaining to disability even in higher education.

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